04-17-06

Let // 43 Atty. Dkt. No. 042333-0228

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Paul M. LEFEBVRE

Title:

SAMPLE INJECTION SYSTEM

Appl. No.:

10/075,811

Appl. Filing Date:

2/12/2002

Examiner:

Brian R. Gordon

Art Unit:

1743

REQUEST FOR CONTINUED EXAMINATION (RCE) **TRANSMITTAL**

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Examiner Gordon:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the aboveidentified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

- 1. <u>Submission required under 37 C.F.R. §1.114</u>: (check items that apply)
 - a. Previously submitted:
 - Please enter and consider the amendment and/or reply previously filed on March [X]20, 2006, a copy of which is enclosed.

04/18/2006 HDESTA1 00000064 10075811

01 FC:1801

790.00 OP

The filing fee is calculated below:

	Claims as Amended		Previously Paid For	Extra (Claims t	Rate	Fee Totals
RCE Fee 1.17(e):						\$790.00=	\$790.00
Total Claims	: 20	-	21	= 0	x	\$50.00=	\$0.00
Independent	s 3	-	3	= 0	x	\$200.00=	\$0.00
	First prese	entation o	f any Multip	le Depender	nt Claims:+	\$360.00=	\$0.00
					CLAIMS	FEE TOTAL:=	\$790.00
	<u> </u>	CLA	IMS AND E	XTENSION	N FEE TOT.	AL:	\$790.00
[]	Small Entity Fees Apply (subtract ½ of above):						\$0.00
-	TOTAL FEE:						\$790.00

A credit card payment form in the amount of \$790.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-2350. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-2350.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

April 14, 2006

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Callie M. Bell

Attorney for Applicant

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